

**SOUTH CAROLINA DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS
FINANCIAL AUTHORIZATION
FOR MANAGEMENT OF PERSONAL FUNDS**

☐ I give

☐ I do not give

Authorization to the _____
(Provider Organization)

to manage personal funds belonging to _____
(Client Name)

Personal funds include but are not necessarily limited to benefits from the Social Security Administration, Veterans Administration, Supplemental Security Income, wages, and funds sent by parents, organizations and friends.

Signature of Resident

Signature of Parent/Guardian/
Other Responsible Party

-

Relationship to Resident

-

Address

-

City, State, Zip Code

-

Telephone

Sworn before me on this _____ day
of _____ 19____.

NOTARY PUBLIC FOR SOUTH CAROLINA
My Commission Expires _____